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Michigan Dietetic Association

Commitment to Health through Nutrition: www.eatrightmich.org

Summaries of Documentation of Harm Cases

Include your information; send to MDA – mda.execdir@sbcglobal.net

Disease/Condition:

I had a 4 year old patient with F.T.T. (Failure to Thrive)/cerebral palsy/& food allergies.
She was tube fed & eats a few solids. She was put on a "free-amino acid" formula of 30 Kcal/oz.

Her mom decided to see a "holistic" nutritionist in Michigan who told her to try adding a scoop or two of an alternative formula, reduce the water she was using to mix the prescribed formula & then to add coconut milk to dilute it.

As the Registered Dietitian/Nutritionist I explained the harm this could do to the patient's kidneys and helped her find an appropriate mixture & possibly saved the patient from complications.

To: Executive Director, Michigan Dietetic Association

Subject: Documentation of Harm

High school athlete at a private school – diagnosed with Anorexia Nervosa

June 2010 – present.

Note: Please file in the Michigan Dietetic Association Documentation of Harm file

I have a 16 y.o. diagnosed with Anorexia nervosa; patient is a cross-country and track athlete at her private school. **At a track meet her “coach” who claims to know nutrition and coaching told her and the other athletes that they had better keep running and avoid high calorie foods or they would end up looking like a person in the stands watching the meet (this person was overweight) and the coach referred to this person as an “elephant”.** This athlete started running more and restricting and eliminating all desserts from her diet and lost 20% of her ideal body weight. She became extremely fatigued, unable to concentrate at school, counting calories and decreasing her portions, etc. Her mother became alarmed when she noticed that her daughter was losing so much weight and took her to the pediatrician who said that she was malnourished and probably had anorexia and needed to see a RD and a therapist.

As a consequence, I have been treating this young lady for 15 months and she is doing better (now at an ideal weight for her) and had her physician's (eating disorder specialist physician) ok to start running cross country again this fall. Well, this same coach saw an overweight person at a park where the team practices and once again told the athletes that they would look like elephants if they did not change their diets and run more. So this young lady quit the team, telling her mother that she did not want to jeopardize all the work she has done in psychotherapy and nutrition therapy. She also told her mother that knew that staying on the team would trigger her eating disorder again.

The mother has alerted the school (a second time) and also offered to have me talk with the athletes about proper nutrition during cross country. The school is pondering what course of action to take. In addition, another young girl on the team has lost weight and her mother is also concerned. These parents have spent a lot of money (out-of-pocket, insurance does not cover eating disorders) and this coach is still continuing to give bad information and negatively impacting other children. These people prey on our children at a time when they are most vulnerable and want to look attractive, have friends and be liked by their peers.

Submitted by
Lee McDonagh, RD, CDE
Registered Dietitian/Nutritionist
Center for Eating Disorders
Ann Arbor, MI

Documentation of Potentially Harmful Nutrition Information and/or Products

Disease/Condition:

Intense Abdominal Pain & Weight Loss – advised by “colon therapist”

Location: Ann Arbor, Michigan

Date: Patient seen by RD on April 6, 2012

Description of Incident:

A 23 year old female was referred to the dietitian because she was losing weight, had abdominal pain and a history of constipation. Patient had been seeing a colon therapist for both of these problems. **Patient's height is 5' 9" and her weight, before seeing the colon therapist, was 115 pounds.** Patient was hoping to increase her weight to 120 and 130 pounds.

She received nutrition instruction from the colon therapist that included a number of foods that the patient needed to stay away from. **She received a colon cleansing and was encouraged to follow-up with the therapist for further instruction and treatment. Patient ended up losing 10 pounds and went back to see the therapist to discuss unintended weight loss and continued problems with her abdominal pain. The therapist gave her another colon cleansing and some additional advice about her weight.**

The next morning the patient woke up with eye pain and felt dizzy. She passed out and her mother estimated she was out for about 20 to 30 seconds. **The patient then contacted the colonic center about the episode and they told her this was normal and it showed that her body was “getting rid of the toxins” and to schedule another colon cleansing.**

The patient's mother told the patient not to go back to the colon therapist and to schedule an appointment with her physician. The physician saw her and referred her to the dietitian for nutrition counseling. The dietitian completed a thorough diet history, discussed a well-balanced, nutritionally complete meal plan to address her constipation and other gastrointestinal issues and to assist in a safe weight gain. The dietitian is currently following-up with the patient and is in discussions with the patient's physician regarding further work-up needs to be completed by a gastroenterologist in the future.

If this patient had received care from a trained nutrition professional and a competent healthcare team, she would have saved a lot of money and time and had a better quality of life in achieving her goal of weight gain and assisting in resolving her gastrointestinal issues.

Summaries of Documentation of Harm Cases

Disease/Condition: Type 2 Diabetes Mellitus; Hyperlipidemia

Patient taking supplements for Diabetes instead of prescribed oral agent

Location: Susanne Consiglio, RD office 22811 Greater Mack St. Clair Shores, MI 48080

Date: 4-12-2012

Patient: JTM 61 y.o. female; referred by her physician

Description of Incident: Patient appointment, medical nutrition therapy for type 2 diabetes, 2ndary Dx, Hyperlipidemia and obesity

Patient's medical/nutrition review: Patient stated she is taking a MVI/Mineral along with additional supplements: B12 (1000 mcg), Niacin, Vitamin B6, Zinc, Magnesium U, Fish oil capsule, chromium picolinate, alpha lipoic acid 200 mg, green tea extract 315 mg and vitamin E.

Patient next stated that she has yet to fill her prescription for Metformin as prescribed by her physician as she is taking supplements such as chromium picolinate for her diabetes. **Patient was unable to explain why she is taking so many supplements.**

Patient explained that she purchases these supplements from different sources and GNC "nutritionist" had suggested some of them. Patient stated she is spending about \$50 per month on these supplements.

Patient's A1C: 8.4% March 2012

Patient was advised to stop purchasing this large quantity of supplements. It was explained to patient that she is duplicating supplements in several pills leading to mega dose amounts. These supplements at \$600 annually were not prescribed by her physician and in fact I verified with Dr. Skardarasy's office nurse that they were not aware of her taking these supplements until it was reported on the medical nutrition summary report for patient's medical record, sent by me, Susanne Consiglio, RD. It was further explained that many of these supplements are not providing her with positive health outcomes as evident by her A1C, other labs and BMI.

Patient was advised to fill and take her prescription for Metformin as prescribed by her physician and explained that it is a necessary part of her diabetes treatment along with medical nutrition therapy – translating the science of nutrition into a useful plan to help manage her diabetes for improved A1C, and weight reduction.

Documentation of Potentially Harmful Nutrition Information and/or Products

Disease/Condition:

The patient's medical history includes Type 2 diabetes, high cholesterol, high blood pressure, congestive heart failure, ischemic heart disease, Diverticulosis and a trans ischemic attack (TIA).

Location:

Brighton, Michigan.

Date:

May 3, 2011

Description of Incident:

This 67 year old retired male came to see the Registered Dietitian at his physician's office for information on a list of supplements and a special diabetic liquid diet that the "nutritionist" at the downtown health food store had requested he take for his diabetes. He did not purchase any of the items at that time because he didn't have the over \$200 that it would have cost him for these products. This patient is on a limited income (his wife resides permanently at an assisted living facility after suffering a debilitating stroke).

The "nutritionist" never asked him what medications he is taking and never asked about other medical problems. The patient is taking a number of medications including: Metformin, Coumadin, Midodrine, Toprol, Lisinopril, Lipitor, Novolog (insulin), Lantus (insulin) and Nitroglycerin, as needed. A number of the supplements suggested can interfere with the medications he is on and are contraindicated because of his medical history. See below:

Gymnema**Special Precautions & Warnings:**

Diabetes: Gymnema can affect blood sugar levels in people with diabetes. Watch for signs of low blood sugar (hypoglycemia) and monitor your blood sugar carefully if you have diabetes and use gymnema.

Surgery: Gymnema might affect blood glucose levels and could interfere with blood sugar control during and after surgical procedures. Stop using gymnema at least 2 weeks before a scheduled surgery.

Interactions:

- Gymnema might decrease blood sugar. Insulin is also used to decrease blood sugar. Taking gymnema along with insulin might cause your blood sugar to be too low. Monitor your blood sugar closely. The dose of your insulin might need to be changed.
- Medications for diabetes (Antidiabetes drugs): Taking gymnema along with diabetes medications might cause your blood sugar to go too low. Monitor your blood sugar closely. The dose of your diabetes medication might need to be changed.
- Some medications used for diabetes include glimepiride (Amaryl), glyburide (DiaBeta, Glynase PresTab, Micronase), insulin, pioglitazone (Actos), rosiglitazone (Avandia), chlorpropamide (Diabinese), glipizide (Glucotrol), tolbutamide (Orinase), and others.

Chromium

Special Precautions & Warnings:

Diabetes: Chromium might lower blood sugar levels too much if taken along with diabetes medications. If you have diabetes, use chromium products cautiously and monitor blood glucose levels closely. Dose adjustments to diabetes medications might be necessary.

Interactions:

Insulin: Chromium might decrease blood sugar. Insulin is also used to decrease blood sugar. Taking chromium along with insulin might cause your blood sugar to be too low. Monitor your blood sugar closely. The dose of your insulin might need to be changed.

Coenzyme Q10

Warnings: CoQ10 supplements may interact with some medications; always talk to your doctor before taking supplements, especially if you are taking: Warfarin, Blood pressure medications, Thyroid drugs, Antiretroviral and antiviral drugs.

Side effects from CoQ10 supplementation: Nausea and vomiting, stomach upset and heartburn, diarrhea, loss of appetite, skin itching and rash, insomnia, headache, dizziness, irritability, increased sensitivity to light, fatigue and flu-like symptoms, hypoglycemia, decreased blood pressure, elevations of liver enzymes and altered thyroid hormone levels.

Niacin

Special Precautions & Warnings:

Allergies: Niacin and niacinamide can make allergies more severe because they cause histamine, the chemical responsible for allergic symptoms, to be released.

Heart disease/unstable angina: Large amounts of niacin and niacinamide can increase the risk of irregular heartbeat. Use with caution.

Diabetes: Niacin and niacinamide might increase blood sugar. People with diabetes who take niacin or niacinamide should check their blood sugar carefully.

Kidney disease: Niacin might accumulate in people with kidney disease and cause harm. Don't use them if you have kidney disease.

Stomach or intestinal ulcers: Niacin or niacinamide might make ulcers worse. Don't use them if you have ulcers.

Surgery: Niacin and niacinamide might interfere with blood sugar control during and after surgery. Stop taking niacin or niacinamide at least 2 weeks before a scheduled surgery.

Interactions:

Alcohol (ethanol): Niacin can cause flushing and itchiness. Consuming alcohol along with niacin might make the flushing and itching worse. There is also some concern that consuming alcohol with niacin might increase the chance of having liver damage.

Medications for diabetes (Antidiabetes drugs): Long-term use of niacin and niacinamide might increase blood sugar. By increasing blood sugar, niacin and niacinamide might decrease the effectiveness of diabetes medications. Monitor your blood sugar closely. The dose of your diabetes medication might need to be changed.

Some medications used for diabetes include glimepiride (Amaryl), glyburide (DiaBeta, Glynase PresTab, Micronase), insulin, pioglitazone (Actos), rosiglitazone (Avandia), metformin (Glucophage), nateglinide (Starlix), repaglinide (Prandin), chlorpropamide (Diabinese), glipizide (Glucotrol), tolbutamide (Orinase), and others.

Medications used for lowering cholesterol (Statins): Niacin can adversely affect the muscles. Some medications used for lowering cholesterol called statins can also affect the muscles. Taking niacin along with these medications for lowering cholesterol might increase the risk of muscle problems.

Some of these medications used for high cholesterol include rosuvastatin (Crestor), atorvastatin (Lipitor), lovastatin (Mevacor), pravastatin (Pravachol), and simvastatin (Zocor).

[http://www.webmd.com/vitamins-supplements/ingredientmono-924-Niacin+NIACIN+AND+NIACINAMIDE+VITAMIN+B3.aspx?activeIngredientId=924&activeIngredientName=Niacin+\(NIACIN+AND+NIACINAMIDE+\(VITAMIN+B3\)\)&source=2](http://www.webmd.com/vitamins-supplements/ingredientmono-924-Niacin+NIACIN+AND+NIACINAMIDE+VITAMIN+B3.aspx?activeIngredientId=924&activeIngredientName=Niacin+(NIACIN+AND+NIACINAMIDE+(VITAMIN+B3))&source=2)
(accessed 5/3/2011)

From: Saski, Cathy [mailto:csaski1@hfhs.org]
Sent: Tuesday, May 01, 2012 11:04 AM
To: mda.execdir@sbcglobal.net
Subject: Herbal Remedies & Drug Interaction

Severe Hypoglycemia – Saw Palmetto

I wanted to share a story I had when I worked at Mercy Hospital in Port Huron Michigan. **I had a patient that was admitted to the ICU who had just experienced an MI and severe hypoglycemia.** He required to be vented because he was in respiratory distress as a result of the damage done to the heart and low blood sugars. The MD wanted me to see the patient after he was extubated for nutritional advice. **As a result of the nutritional consult, it was found that the Patient had been taking large amounts of Saw Palmetto and horehound herbal supplements as recommended by a "nutritionist" at a GNC store.** This "nutritionist" was nothing more than a guy who had no education selling vitamins and herbals. The Patient took large quantities of the Saw Palmetto and Horehound as recommended by the "nutritionist" who was not qualified to make these types of recommendations and was not aware of the drug interaction with his medications that he was taking. **As a result he experienced a heart attack and severe hypoglycemia. I notified the MD's who had no idea that the patient was on herbals.** The patient hadn't told the MD. This would have been prevented if the patient had only been able to have a consultation from a Registered Dietitian.

By deregulating the RD would in fact cause harm to the American public. Not many people are aware of the RD's role of reading labs and working with the MD to make recommendations on patient care. There should be a RD in every MD's office to aid in preventative medicine.

Sincerely,
Cathy Saski, RD

Cathy Saski, RD
Renal Dietitian
Greenfield Dialysis
a division of Henry Ford Health System
Northland Park / Northwest Dialysis
Detroit, Michigan
Phone: 248-557-7000 ext 104

Documentation of Potentially Harmful Nutrition Information and/or Products

Disease/Condition:

Home care patient with a **history of chronic renal failure and congestive heart failure and a new diagnosis after hospitalization of Type 2 diabetes.**

Her doctor prescribed a 1600 calorie diabetic diet with a sodium and fluid restriction.

Location:

The patient was receiving home care in her home in Oakland County.

Date:

May 11, 2009

Description of Incident:

A patient was recently discharged from the hospital after suffering a fall which resulted in a broken hip. She was an elderly woman who had been very active prior to this accident. She was diagnosed with diabetes after being put on a particular medication that resulted in elevated blood sugar readings.

She was told by a physical therapist that came to her home that since she has diabetes she was “no longer allowed” to have sweets, desserts, oatmeal, potatoes, breads, pasta, rice, milk or fruit. The patient became distraught as a number of these foods were everyday staples of her diet prior to hospitalization. She stopped eating for 2 days and refused therapy. Her daughter asked her mother’s visiting nurse for a consult from the home care dietitian. The dietitian provided evidence based nutrition counseling to the daughter. **The patient was relieved to discover that many of the foods the physical therapist had told her to avoid not only could be eaten in moderation as part of a well-balanced diet but were also crucial to meet her nutritional needs for healing.** The patient started eating again, kept her blood sugars under control, received physical therapy from a different therapist and was back to her active self. The physical therapist was not licensed to provide nutrition education.

Had this patient not been provided evidence based nutrition education, she would most likely have delayed her recovery and healing time, been readmitted to the hospital, and put a financial burden on her family as well as Michigan taxpayers (patient has Medicare).

Summaries of Documentation of Harm Cases

Disease/Condition: Pre-Diabetes Mellitus; Hypertension, Overweight

Location: Susanne Consiglio, RD office 22811 Greater Mack St. Clair Shores, MI 48080

Date: 9-1-2011

Patient: JK 53 y.o. female

Description of Incident: Patient appointment - medical nutrition therapy for pre- diabetes, and overweight

Patient asked me about this company, Youngevity, see report below. She was approached with their weight loss products of shakes and liquids for weight management. Upon my review of the company, it is noted, this is a pyramid scheme from San Diego with distributors all over the country. **Patient's neighbor in Grosse Pointe, Michigan is selling these products and was advising patient J.K. to purchase these shakes and supplements as a weight management strategy and to prevent diabetes.**

Patient's neighbor is not a physician, registered dietitian, nurse or pharmacist. If you read below, there are no qualifications for an individual to provide medical nutrition therapy and to manage pre-diabetes. This document outlines how the distributor can increase their "financial" earnings all at the potential for harm and expense of the client/patient.

I provided medical nutrition therapy to the patient translating the science of nutrition into a plan of action to help manage her pre-diabetes through diet/lifestyle changes, Metformin as prescribed by her physician, and working on her "emotional eating habits/treating the "whole patient." We arrived at changes that patient stated "she can live with." Patient elected not to purchase the shakes and supplements at this time.

<http://youngevity.com/division/product/21010C>

This is information from their website.

Reaching Your Full Potential—Physically and Financially

10.

From: Napieralski, Teri [mailto:TNAPIER1@hfhs.org]
Sent: Tuesday, May 01, 2012 11:15 AM
To: mda.execdir@sbcglobal.net
Subject: Non-RD adverse event
Diagnosis: Diabetes

My step-mother was recently diagnosed with diabetes a couple years ago. My father called me one day and told me that the new diet that she was put on by the doctor was very difficult to follow and her blood sugar was out of control and if I had any further recommendations. I asked him the details of the diet and basically she was told to only eat 50 g of carbohydrate/day...not per meal, PER DAY. No wonder she was having a difficult time following the diet, she was being starved to death! This is a prime example of when patients are given the wrong information and not followed up by a RD or even a Certified Diabetes educator.

Teri Napieralski, RD, CNSC
Henry Ford Hospital- MICU POD 4, 5, 6
Pager: 146-1169
Phone: (313) 916-5251

Documentation of Harm Cases

Description of Incident:

Patient: ~21 year old young man of Eastern European descent (first generation)

Diagnosis: Lymphoma

Situation: s/p bone marrow transplant followed by complications which included relapse and renal disease.

Date: 2006

The family was desperate for a cure and were told by friends about the health claims of Xanga juice (mangosteen juice). The Xanga representative managed to sell them \$600 worth of the juice. (Arguably harmful in and of itself....) When the family asked me about it, I told them that I didn't see any problem with him drinking the juice as long as he considered it juice and limited himself to 4-8 oz/day. I told them larger amounts would likely replace other more nutritious, protein rich foods in his diet.

The patient, hoping for a cure, reported drinking closer to 12-16 oz/day. Then the patient developed renal disease and his serum potassium became dangerously elevated. I was asked to instruct the pt and his family on a low potassium diet. I told them I would need to check into the potassium content of Xanga juice. The family said they had called the company and were reassured that it was "low in potassium." I went on the company's own website and found all the various health claims including that it was "high in potassium." Independent nutrient data bases also confirmed that the juice was high in potassium.

Our HemOnc fellow at the time was so irate that he called the company himself, and the company representative also tried to reassure the MD that the juice was low in potassium. **The MD then told him of our findings (their own Xanga website and the independent nutrient data base) and told the representative that had we followed the companies advice and allowed the patient Xanga juice, he would have died.** In order to make a sale, the company representative was clearly stating what the family wanted to hear and did not base his recommendations on sound nutrition based evidence/practice.

Sandra Bourma, MS, RD

Pediatric BMT nutrition specialist

CS Mott Children's Hospital

University of Michigan Health System

Documentation of Potentially Harmful Nutrition Information and/or Products

TD is a cardiac rehabilitation patient at Allegiance Health in Jackson. She has a medical history which includes congestive heart failure, hypothyroidism, irritable bowel syndrome, gastroesophageal reflux disease, arrhythmias, atrial fibrillation, aortic valve node ablation and pacemaker implant. Her medications include Torsemide 100 mg twice a day, Meloxidan, Simvastatin, and potassium chloride. In addition to these, TD takes many herbal supplements, including acai berry, cami slim, cholestive care and 4 other vitamin/mineral supplements. Among other ailments, TD gains large amounts of fluid weight, which her cardiologist attributes to her limited heart function.

She had renal labs drawn several times in April. Her potassium has been 3.6, 4.1, and 3.7 milligrams per deciliter and her glomerular filtration rate has been less than 59 each time, indicating declining kidney function.

In early May of 2012, she visited Nature's "In" Herb Shop in Brooklyn, MI and was instructed by the "nutritionist" there to stop using her Simvastatin (for lowering blood cholesterol) and to use Corn Silk as a urinary system regulator. The informational handout given to her included these benefits: good for urinary difficulties, weight loss, cholesterol buildup. "Cornsilk has a diuretic action which acts as a tonic on the heart and blood vessels."

While exercising, on 5/4, TD was called on her cell phone by her doctor who told her to stop exercising immediately as her blood potassium level (drawn the day before) was 3.0. (Normal is 3.5-5.0). TD came to my office to ask me if the corn silk she had taken the day before the blood was drawn had an impact on her low potassium level. Upon checking the Natural Medicines Comprehensive Data Base, I found that corn silk can cause hypokalemia. TD is already taking a diuretic which depletes her potassium.

Hypokalemia is a dangerous condition which can cause abnormal heart rhythms, paralysis and muscle damage. Clearly, the nutritionist at the health food store was disseminating information without understanding TD's medical history and could have caused great damage. TD stopped using the corn silk.

Marie Galdes
Allegiance Health Cardiac and Pulmonary Rehabilitation
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Summaries of Documentation of Harm Cases

May 8, 2012

Disease/Condition: Mega dose of Niacin

Dear MDA-

I am emailing you about my concerns of the deregulation of dietitians in Michigan. As a clinical dietitian and a college instructor in nutrition and dietetics, I am concerned that this decision could have a negative impact on citizens. Education and specialized training in nutrition does make a difference. As a clinician in nutrition, we are knowledgeable about the evidenced based practice in the field of nutrition. **This letter will include an unfortunate personal experience of a family member that experienced harm from a mega dose of niacin.**

My father discusses very little information about his health, medications and supplements related to his medical conditions. So, I was not aware of him taking a mega dose of niacin until after the fact. In the past three years, he was advised by a physician to take 2000mg/day of niacin to help improve his blood lipid levels. The known upper limit for niacin is 35mg/day for an adult 51-70y. This means there is documented evidence of harm with doses greater than this amount. Since the physician was not closely monitoring my father for potential negative health impacts of the mega dose, my father started to experience hepatic toxicity which manifested into glucose intolerance and severe iron deficiency. **After thousands of healthcare dollars were spent to rule-out the possibility of hepatic failure or liver cancer, his medications and supplements were assessed. He stopped taking the mega dose of niacin and the symptoms improved.**

As in the personal story I discussed about my father, I want to stress that education, training and knowledge about the evidenced based practice of nutrition is important to the health of our citizens. **As in my father's case, deregulation will be expensive in terms of health care costs and decreased quality of life.**

Sincerely,

Jennifer Montesi, MS, RD

Summaries of Documentation of Harm Cases

Include your information; send to MDA – mda.execdir@sbcglobal.net

Professional Sports – Abnormal Lab Values

Date: 2011

Disease/Condition:

At Training Camp for a professional sports team routine lab values noted abnormal/aberrations in team members blood chemistry. In a following consultation with a team member, a family member asked the dietitian to review for safety the supplements being taken by the team member, inasmuch as the spouse was pregnant and concerned about the impact of supplements (especially in consideration of certain studies indicating negative influences on fetal health) on the health of the expected baby.

A Supplement supplier in Michigan who had access to the team was prescribing, based on hair samples, huge doses and quantities of pills – 80 pills daily up to as much as 120 daily. The patient was experiencing peripheral neuropathy. He had been taking large doses of B vitamins, thyroid, pituitary and adrenals hormones, and central nervous stimulants and pancreatic enzymes.

In the resulting team meeting with the team physician, owner, coach and manager, the supplement company was denied access to the team. The professional sports team was unaware of the large doses of supplements being prescribed to players. The team immediately took steps to address the dangers and provide education on this issue to team members.

May 2012

Nephrology Registered Dietitian – Federal Government mandates that renal patients work with a registered dietitian; a renal patient not following a specific diet can easily cause immediate death

As a Michigan dietitian I am appalled that Gov Snyder would consider the deregulation of Registered Dietitians. **As an RD working in the field of nephrology** I am shocked at such a thought. **CMS - the federal government - mandates that renal patients work with a registered dietitian.** We are the **ONLY** fully trained and qualified person able to manage this nutritional condition. As with **MANY** medical conditions, following the right nutritional protocol is essential and the diet is life saving. **For a renal patient, not following a specific diet can easily cause immediate death and a failure to inform, instruct and monitor patient's nutrition status and related lab values significantly increased the risk of death.** A baccalaureate degree is a BS - bachelors of Science - and as such dietitians have strong science backgrounds. They work with patients regarding medications, the chemistry of their diets and the emotional aspect of living with a chronic medical condition.

I cannot imagine letting a unqualified unlicensed "pop nutritionist type person" most of whom are connected with a vitamin company, manage these type of patients.

Dietitians need to be licensed and used in the critical role of health care management. We need to be in schools and other facilities where people need training to prevent the ever increasing medical conditions that are driving up the cost of health care in this state and all states.

Please do not fail to realize what you are doing. The health of the family, community and state depend on expert nutritional management - that only comes from an RD.

Northwest Detroit Hemodialysis
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Gale Cox M.A.,R.D.
Renal Dietitian
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Documentation of Harm Case

Disease/Condition: Gastroenteritis- 2 month-old male admitted for gastroenteritis
Location: University of Michigan, Mott Children's Hospital, Ann Arbor, MI

Date: May 4, 2012

Description of Incident:

2 month-old male admitted for gastroenteritis. Mother was preparing a homemade infant formula made from unpasteurized raw goats milk, homemade whey, bifidobacterium infantitis, raw cream, cod liver oil, butter oil, olive oil, coconut oil, yeast, gelatin, raw frozen chicken liver, and well water. Patient was admitted for vomiting and diarrhea, found to have E. coli infection suspected in relation to homemade formula. Mom did not want a commercialized infant formula product and found the recipe from the Weston A. Price foundation website (recipe dated December 2001) as recommended by patient's home nurse.

What's wrong with this?

No child, especially a child under the age of 12 months should be provided such a formula. Not only is the protein and caloric content of the formula extremely difficult to determine, but under no circumstances should a child be given raw chicken products and unpasteurized and raw products. The publication of this recipe was also >10 years ago.

Recommendations:

I recommended that the patient be taken off homemade formula. USDA certified organic formulas and alternative formulas were introduced but mother declined need. She insisted that she continue to make homemade formula. RD discussed proper sanitation and importance of using pasteurized products and non-raw foods to prepare for her child. EI encouraged mother to follow-up with outpatient RD and other healthcare professionals to follow formula regimen. Patient went home on commercial formula (Enfamil Gentlease) but I was told that his mother had transitioned back to homemade formula immediately upon returning home.

Where an RD would be key!

I feel as though this patient would have never been placed on a homemade formula if not for the visiting nurse that suggested the formula and website. The patient's mother noted wanting a non-commercialized formula but, if she had spoken with an RD, we could have discussed options including organic formulas and safer alternatives to creating homemade formulas. Not only that, but the formula's specific caloric and protein content could be analyzed to properly suggest feed volumes and to monitor subsequent growth, making changes as medically warranted.

What are the qualifications of a registered dietitian?

A registered dietitian is a food and nutrition expert who has met academic and professional requirements including:

- Earned a bachelor's degree with course work approved by Academy of Nutrition and Dietetics (*formerly known as the American Dietetic Association*) ADA's Commission on Accreditation for Dietetics Education. Coursework typically includes food and nutrition sciences, foodservice systems management, business, economics, computer science, sociology, biochemistry, physiology, microbiology and chemistry.
- Completed an accredited, supervised practice program at a health-care facility, community agency or foodservice corporation.
- Increased to 1200 hours of supervised experience in dietetic practice.
- Successful completion of a national examination administered by the Commission on Dietetic Registration.
- Completes 75 hours every five years continuing professional educational requirements to maintain registration.

Approximately 50 percent of RDs hold advanced degrees. Some RDs also hold additional certifications in specialized areas of practice, such as pediatric or renal nutrition, nutrition support and diabetes education.

What services do RDs provide?

The majority of registered dietitians work in the treatment and prevention of disease (administering medical nutrition therapy, as part of medical teams), often in hospitals, HMOs, private practice or other health care facilities. In addition, a large number of registered dietitians work in community and public health settings and academia and research. A growing number of registered dietitians work with food and nutrition industry and business, journalism, sports nutrition, corporate wellness programs and other non-traditional work settings.

How is an RD different than a nutritionist?

The "RD" credential is a legally protected title that can only be used by practitioners who are authorized by the Commission on Dietetic Registration of the American Dietetic Association. RDs may call themselves "nutritionists," but not all nutritionists are registered dietitians. Dietitians use these terms interchangeably, like physician-doctor and attorney-lawyer.

The definition and requirements for the term "nutritionist" vary. Some states have licensure laws that define the range of practice for someone using the designation "nutritionist," but in other states, virtually anyone can call him- or herself a "nutritionist" regardless of education or training.

Individuals with the RD credential have fulfilled specific requirements, including having earned at least a bachelor's degree (about half of RDs hold advanced degrees), completed a supervised practice program and passed a registration examination — in addition to maintaining continuing education requirements for recertification.

Dietitians translate scientific information

Dietetics and nutrition care services are the integration and application of principles derived from the sciences of nutrition, biochemistry, physiology, food management and behavioral and social sciences to achieve and maintain health. Dietitians translate scientific information to make it useful to the public and to meet the needs of the individual.

The single identifiable nutrition health professional.

The National Academy of sciences Institute of Medicine states that the registered dietitian is currently the single identifiable group of health care professionals with requirements necessary to provide nutrition therapy.

Dietitians are covered by Medicare Part B.

In 2000 Congress approved legislation that provides Medicare coverage of Medical Nutrition therapy for diabetes and kidney disease. This Medicare legislation establishes dietitians as Medicare providers.

The health food and dietary supplement industry will not be negatively impacted.

Licensure of dietitians/nutritionists does not constitute a mandate nor does it restrict the ability of other health professionals to provide basic nutrition advice. Health food and dietary supplement industry will continue with record sales volume.

Licensure of the registered dietitian does not create job loss.

There are 5000 registered dietitians in Michigan. Approximately half are not members of the Academy of Nutrition and Dietetics (*formerly known as the American Dietetic Association*) but are credentialed under CDR. Many dietitians are at risk for losing their job if licensure does not take place soon. Individuals who sell health foods, weight loss shakes, and dietary supplements will continue.

Licensure of the registered dietitian does not create a monopoly.

The Academy of Nutrition and Dietetics does not have control of the licensure laws established in Michigan.

Professional Regulation of Dietitians

Forty-six states currently have statutory provisions regarding professional regulation of dietitians and/or nutritionists. The rationale for legislatures acting to protect these titles is simple: the public deserves to know which individuals are qualified by education, experience and examination to provide nutrition care services.

As the public has become aware of the importance of good nutrition, many entrepreneurs have taken advantage of the newly recognized market. While many of these products and services may be worthwhile, some are simply capitalizing on an uninformed public that is eager for information.

Licensing dietitians/nutritionists assures the public that individuals disseminating nutrition advice have the appropriate education and experience. Individuals seeking nutrition advice who are medically compromised deserve the assurance that the individual treating them has the requisite education and experience. Licensure laws protect the public from unscrupulous and unqualified individuals who would portray themselves as nutrition experts.

As educated and qualified healthcare practitioners, dietitians and nutritionists have the primary obligation to promote public health. The rationale behind licensure is consistent with this obligation.

Licensure laws are not intended to restrict freedom of speech or to monopolize any business. The same arguments opposing licensure laws could be used against licensure of physicians, nurses and other healthcare professionals, but legislatures in every state have recognized that the protection of the public health justifies regulation. The same argument should prevail when discussing the licensure of dietitians and nutritionists.

Summary of Licensure Statutes (by State)

as of May 2012

State	Nature of Statute
Alabama	Licensure of dietitian, nutritionist
Alaska	Licensure of dietitian, nutritionist
Arizona	No statute
Arkansas	Licensure of dietitian
California	Title protection for dietitian, RD, and DTR
Colorado	No statute except deceptive advertising
Connecticut	Certification of dietitian
Delaware	Licensure of dietitian, nutritionist
District of Columbia	Licensure of dietitian, nutritionist
Florida	Licensure of dietitian, nutritionist, nutrition counselor
Georgia	Licensure of dietitian
Hawaii	Pending status: Licensure of dietitian approved by state legislature in 1999; regulations and licensure board administration still pending
Idaho	Licensure of dietitian
Illinois	Licensure of dietitian nutritionist
Indiana	Certification of dietitian
Iowa	Licensure of dietitian
Kansas	Licensure of dietitian
Kentucky	Licensure of dietitian; Certification of nutritionist
Louisiana	Licensure of dietitian
Maine	Licensure of dietitian, DTR
Maryland	Licensure of dietitian, nutritionist
Massachusetts	Licensure of dietitian, nutritionist
Michigan	Pending status: Licensure of dietitian, nutritionist approved by state leg., 2008; regulations & licensure board administration still pending
Minnesota	Licensure of dietitian, nutritionist
Mississippi	Licensure of dietitian; Title protection for nutritionist
Missouri	Licensing of dietitian
Montana	Licensure of nutritionist; Title protection for dietitian
Nebraska	Licensure of medical nutrition therapist
Nevada	Licensure for dietitian, LD, and RD
New Hampshire	Licensure of dietitian
New Jersey	No statute
New Mexico	Licensure of dietitian, nutritionist, nutrition associate
New York	Certification of dietitian, nutritionist

North Carolina	Licensure of dietitian, nutritionist
North Dakota	Licensure of dietitian, nutritionist, RD
Ohio	Licensure of dietitian
Oklahoma	Licensure of dietitian
Oregon	Licensure of dietitian
Pennsylvania	Licensure of dietitian-nutritionist
Puerto Rico	Licensure of dietitian, nutritionist
Rhode Island	Licensure of dietitian, nutritionist
South Carolina	Licensure of dietitian
South Dakota	Licensure of dietitian, nutritionist
Tennessee	Licensure of dietitian, nutritionist
Texas	Title protection for dietitian
Utah	Certification of dietitian
Vermont	Certification of dietitian
Virginia	Title protection for dietitian, nutritionist
Washington	Certification of dietitian, nutritionist
West Virginia	Licensure of dietitian
Wisconsin	Certification of dietitian
Wyoming	Licensure of dietitian

March 10, 2008

To: Editor of the Ann Arbor News

On February 10, 2008, there was a letter in the Ann Arbor News by Judy E. Stone, nutritionist, regarding the use of statin drugs and congestive heart failure. The author of the letter wrote that her clients suffer side effects from statin drugs and she goes on to say that it is well documented that statin drugs block the body's ability to make an enzyme that is essential for proper muscle function. At the conclusion of her article she states that "diet and stress reduction can control inflammation which is the predictor of heart attacks".

While there is research being conducted on the role of statin drugs in congestive heart failure, alzheimer's disease, etc., there are NO evidence based guidelines to justify discontinuing the drug unless your physician advises you to do so. My medical staff received queries from our patients about the article. They were told to continue to take their statin drug unless their physician advised them to stop. Diet, exercise and stress reduction are a part of treatment for coronary disease but for many patients that is not enough and a statin drug must be added. These drugs are not prescribed indiscriminately. Physicians use evidence based guidelines in evaluating whether the patient needs a statin drug. In addition, statin drugs have been shown to prevent inflammation and are effective in decreasing the risk of coronary artery disease.

There is a plethora of misleading and erroneous information being disseminated. If you have concerns about your medication, you should consult your physician before making any changes.

David Winston, MD
2090 Commonwealth Ave.
Ann Arbor, MI
734-995-0303

Steven Yarows, MD
Chelsea Internal Medicine

From: TL
Sent: Monday, May 06, 2013 9:39 AM
To: Susanne Consiglio
Subject: Re: Magnesium

Hi Susanne --

You are a DOLL and I thank you so much. You beat me to the email this morning.... I actually had to go to the ER on Saturday for what ended up being a slight case of dehydration and an overabundance of Magnesium in my system (go figure, right??). The excess magnesium not only made me have loose stools for a week, and then real bad diarrhea for 3 days -- and it also built up in my system and made me a little whacky mentally. My blood serum level was a tad over range. And, in talking with you on Friday -- your reaction to the excess amount really made me pause and stop taking ANY of it thereafter, which was a good thing -- so THANK YOU. I am on the mend now, re-hydrating slowly and off the supplement. I will check in with you and make an appointment when I am feeling better and get back on track with a healthy eating plan -- and now I actually want to gain a few pounds back to get my strength back! Take care and please know how much I truly appreciate your follow up and concern. And, you really helped me on Friday with raising the question on the excess dosage.

Documentation of Harm, Feb. 2013

Submitted by Lee McDonagh, RDN
mcdonaghrd@wowway.com

Don't eat food, take supplements!

60 y.o. female with 30 lbs weight loss in 1 mo. brought for treatment by her husband. Husband had been advised by the family physician to consult a registered dietitian nutritionist.

She presented with numb feet, back ache, hair loss, postural hypotension and decreased eyesight and extreme fatigue. Patient's desire was to gain weight. In the nutritional history, patient stated that she was taking daily supplements costing \$200-300 per month (cost interjected by her husband). Supplements were prescribed by a "nutritionist".

She was told by this "nutritionist to stop eating sugar, white flour, use warm enema for constipation, purchase organic foods and only eat very small amounts of food because the US food supply is deficient in nutrients and therefore she must use protein powders and supplements (all recommended by this nutritionist) instead of food.

Patient was eating approx. 800-1200 calories daily. Her daily needs are 1900 calories daily and to gain weight she would need 2400 calories per day. The patient needed a medical clearance in order to gain weight. Based on test ordered by a physician, the patient was diagnosed with CHF and needed to resolve this issue before refeeding.

Harm: financial, physical and emotional.